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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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	Compl te if Known	豆	O`
Application Number	09/887.272	11	~~
Filing Date	06/21/01	8	00
First Named Inventor	DELACK, E.	9%)1
Group Art Unit	1615	9	
Examiner Name		8	
Attorney Docket Number	r P1036		

1				U.S. PATENT DOC	UMENTS	
Exar Initia		No.1	U.S. Patent Document Kind Code ² Number (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
A	M	AA	6,071,889	Weiss et al.	06-06-00	
13	Γ	AB	6,025,395	Breitner et al.	02-15-00	
	П	AC	5,889,033	Kaminski	03-30-99	
	Π	AD	5,821,259	Theoharides	10-13-98	/-
		AE	5 180 026	Yashi et al.	07-14-98	
		AF	3,672,622	Hedgepeth	09-30-97	
	П	AG	4.761.322	Henry et al.	09-06-88	
		AH	4.705,685	Memichael	11-10-87	
		AŢ	4.521.405	McMichael	06-04-85	
	W	AS	5,264,459	Chelmicka-Schorr	11-23-93	
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						FOR	EIGN PATENT	DOCUMEN	rs			
Examiner Initials	Cite No.1	Office ³		eign Pate Numbe	ent Docum	nent Kind Code ^s (if known)		Patentee or lited Document	Date of Publication of Cited Document MM-DD-YYYY	W Pass	s, Columns, Lines, here Relevant ages or Relevant igures Appear	T.e
RYY	AK		WO9	5,289	1926 A		Schering:	Perez	11-02-95		0	
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STATEMENT BY APPLICANT (use as many sheets as necessary)	First Named Inventor	DELACK. E	Laine S	1
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(use as many sheets as necessary)	Examiner Name			<u> </u>
\ Sheet I of I I	Attorney Docket Number	P1036		
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		OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS	
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pud	Ð0	Management of Multiple Scherosis - Jonez, M.D. (MAY 1952-05) TRANSdermal Histamine IN Multiple Sclerosis - BILSON, G. (Dec. 1999, pgs 424-428)	
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